

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare: My residence, post office address, and citizenship are as stated below next to my name. I believe that I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: MEDICAL APPLICATION OF OXIDIZED MONOTERPENES the specification of which is attached hereto.

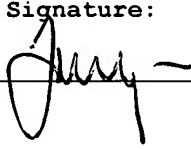
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information that is material to patentability as defined in 37 CFR \$1.56.

I hereby appoint Heath W. Hoglund, Reg. No. 41,076, as my patent attorney with full power of substitution to prosecute the above-identified application and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all future correspondence to:

Customer Number 24,496

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. \$1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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